

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019452

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72Primary Registration District No. 4134Registrar's No. 129

STATE FILE NUMBER

FILED JUN 10 1963

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Smithville

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clayc. CITY
OR
TOWN

Smithville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Pauline

Middle

Schwartz

Last

4. DATE
OF
DEATH

Month

May

Day

29

Year

1963

5. SEX
Fe6. COLOR OR RACE
Wh7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-3-75

9. AGE (last birthday)

87

IF UNDER 1 YEAR IF UNDER 24 HR
Months: Days: Hours: Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Smithville, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Schwartz

13b. MOTHER'S MAIDEN NAME

Mary Johnson

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Callie Schwartz Smithville, Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Myocardial Degenerat
SenilityINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
.a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

5-24-63 to 5-29-63

and last saw her alive on 5-29-63

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

F. B. A. - MD

(Degree or title)

22b. ADDRESS

Smithville, Mo

22c. DATE SIGNED

5-31-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5-31-63

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Smithville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

McComas Funeral Home Smithville, Mo.

25. DATE RECD. BY LOCAL REG.

5-31-63

26. REGISTRAR'S SIGNATURE

Marguerite Audgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.